

HALFMOON RECREATION TRIP PERMISSION SLIP

Weeks 5 & 6

DUE DATE: July 13th NO Exceptions!!

ONE PER CHILD

Child's Name _____

Grade (in Fall) _____

TRIPS MARKED WITH NR NOTATION ARE NON-REFUNDABLE

Please put an "X" next to the desired trips.

CLUBHOUSE

GRADES 1-2

MECHANICVILLE

GRADES 3, 4 & 5

PAVILION

GRADES 6-10

Week 5: 7/25-7/30

M: Swim \$3 _____
T: Chuck E Cheese \$8.50 _____
W: Liberty Ridge \$17.25 _____
Th: Mini Golf @ Pirate's \$8.50 _____

Week 5: 7/25-7/30

M: Swim \$3 _____
T: White Water Rafting \$23 _____
Need waiver
W: Liberty Ridge \$17.25 _____
Th: Build-A-Bear \$14 _____

Week 5: 7/25-7/30

M: Swim \$4 _____
T: Flight Trampoline (NR) \$20 _____
Need waiver
W: Movies @ Bowtie \$15 _____
Th: Crossgates Mall \$25 _____
& Dave and Buster's (NR)

Week 6: 8/1-8/4

M: Swim \$3 _____
T: Eagle Mills \$24 _____
W: CMOST \$8 _____
Th: Build-A-Bear \$14 _____

Week 6: 8/1-8/4

M: Swim \$3 _____
T: Schenectady Museum \$11 _____
W: Great Escape (NR)
FULL \$42 _____
PASS \$18.50 _____
Th: Adventure Racing \$23.50 _____

Week 6: 8/1-8/4

M: Swim \$4 _____
T: Schenectady Museum \$11 _____
W: Great Escape (NR)
FULL \$42 _____
PASS \$18.50 _____
Th: White Water Rafting \$23 _____
Need waiver

TOTAL: _____

If I have registered my child for lessons, I give him/her permission to skip lesson(s) to attend any conflicting trips. _____ (Initials)
I, _____ understand that trips are held on the days listed above and are to be paid in full by the due date. I understand that once the permission slip is turned in, **no changes can be made.** I also understand that **specified trips listed above with the notation (NR) will be non-refundable.** I understand that if my child is not prepared with the necessary items/waivers the day of the event, they will not be permitted to go.

By signing this permission slip, I am hereby consenting to the terms listed herein and authorizing my child to attend the trips selected above.

X _____ (please use pen) Phone # _____

(Parent's signature)

Make checks payable to: Town of Halfmoon

OFFICE

USE

ONLY

Initials _____ Date _____ Check # _____ Check Amt. _____ Cash _____ Credit _____